

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018131** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3	1			
4		1		
5	1			
6		1		
7	1			
8		1		
9	1			
10		1		
11	1			
12		1		
13	1			
14		1		
15	1			
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49				
50				
TOTAL D.	1			
TOTAL P.	15	↓	↓	↓
TOTAL AIMS	11	12	13	14

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IND.	DEP.	IND.	DEP.
51			
52			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS	11	12	13